

HEALTH CHALLENGE SCORE SHEET

Child's Name: _____

Class/Teacher Name: _____

Please place a check mark in the box for each of your child's achievements.

Category	Achievement	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Build Children Up with Words	Gave someone a compliment today							
	Shared my feelings with someone							
Good Rest is Best	Slept at least ____ hours at night							
	No screens were used during bedtime routine							
Growing Great Tasters	Tasted a fruit or vegetable I didn't think I liked							
	Picked out a new fruit or vegetable to try at home							
Make Breakfast Count	Ate breakfast							
	Ate whole grain bread, cereal or grain with breakfast							
Make Each Plate a Healthy Plate	Drank milk (or a calcium- & vitamin D-fortified alternative such as soy milk) with every meal							
	Ate at least 5 servings of fruits and/or vegetables							
Make Snacks Count	Had a candy-free day							
	Ate a fruit or vegetable at snack time							
Reduce Screen Time	Had a screen-free day							
	Ate dinner with the TV off							
Take Time for Meals	Helped cook a healthy meal							
	Had a fast-food-free day							
Water First for Thirst	Had no sugar-sweetened drinks like soda, energy drinks, or sports drinks and drank water instead							
Adult's Initials:								